

## **Georgia's Independence Plus Initiative**

Real Choice Systems Grant by Gail Bottoms

We have a grant called the Real Choice Systems Grant.

What will the grant plant

In the system's garden of can and can't?

Can people be trained to live on their own?

Live their own life have their own home?

Chose their own staff they can hire or fire?

Have their own transportation and not be left in the marked bus mire?

Will they have real names and faces to go with their choice?

Or will they be the consumer with the same system voice?

We are here to learn about this system grant's powers.

Then we'll all go home and take our showers!

AND if this poem is not up to snuff!

It will be like the budget

Quite never enough.

Gail Bottoms, a self-advocate and member of the Georgia Governor's Council on Developmental Disabilities, wrote this poem at the meeting of self-advocates, family members, advocates, providers, and state agency representatives to identify the needs to be addressed by this grant application. Her poem captures the vision and desire for self-determination in Georgia. It also communicates that Georgia stands at a crossroads. Georgians with disabilities want self-determination but understand the barriers to statewide implementation. A number of factors are converging to make it imperative that Georgia moves forward with self-determination but at the same time these factors challenge this State in the development of an effective system design. While many other states are facing similar challenges, Georgia has a unique combination of challenges given its demography, geography, and service and legal history.

## **Identification of Problems or System Issues**

### **Background and Identification of Problems**

Georgia is one of the fastest growing states in the country. The population increased 373,824 (4.6 percent) in just over two years. Only California, Texas, and Florida added more people. Georgia's growth in numbers and diversity is reflected in its fifth ranking among states in international and internal migration. The aging of the State's population is another significant trend. Georgia has the fourth fastest growing elderly population in the United States. The State's population aged 60 and older is expected to increase 52.6 percent by 2010, growing from 893,049 people to 1,362,842 people. People 85 and older are by far the fastest growing age group. In twenty years their numbers will increase 118 percent. This growth in the elderly population is placing greater demands on state government.

With the largest land area of any state east of the Mississippi stretching from the Blue Ridge Mountains to the Okefenokee Swamp, Georgia presents many geographic challenges. There is a clear demarcation between urban sprawl and rural settings. "With 2 million rural residents, Georgia's rural population is greater than the combined population of five states,"<sup>1</sup> while over 4 million people live in one metropolitan area.

Georgia currently has several Home and Community-Based Services (HCBS) programs. The HCBS programs in Georgia serve the following populations:

- Children and Adults with Serious Mental Illness/Serious Emotional Disturbance
- Children and Adults with Developmental Disabilities
- Children and Adults with Physical Disabilities
- Older Adults with Functional Limitations and/or Disabilities
- Adults with Traumatic Brain Injury

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<sup>1</sup> Doug Bachtel, Ph.D., "What Makes Georgia Unique", The University of Georgia, Department of Housing and Consumer Economics.

Each program offers several “core” services such as: service coordination, personal support, home health services, emergency response systems, and respite care. Additional services are available under each program. Other federal and state funding also supports community-integrated service programs, including those for children and adolescents with serious emotional disturbance and adults with serious mental illness. These programs include:

- Community Care Services Program (CCSP)
- Independent Care Waiver Program (ICWP)
- Community Habilitation and Support Services Program (CHSS)
- Mental Retardation Waiver Program (MRWP)
- ShepherdCare Demonstration
- Model Waiver
- Service Options Using Resources in a Community Environment (SOURCE)
- Non-Medicaid Home and Community-Based Services for People with Developmental Disabilities
- Adult Mental Health Community Treatment Services
- Child and Adolescent Community Mental Health Treatment Services
- Non-Medicaid Home and Community-Based Services for Elderly People

Appendix A contains additional information on these programs.

HCBS waivers began in Georgia in the 1980’s. Services in these waivers have undergone numerous revisions as the philosophy and values of community-based service delivery have changed. Current HCBS services, such as personal supports, day support, and natural support enhancements, position the State for Independence Plus waivers and lay a foundation for self-determination. Personal supports systems include a variety of services ranging from traditional services to individualized services designed to support people with disabilities in their growth, development, and inclusion in all aspects of community life. Day support services assist people with developmental disabilities through a combination of supports to address the multiple needs of an individual on any given day. Natural support enhancement services maintain and strengthen the natural support member’s ability to provide support in the individual’s home.

Such services are designed to be flexible to meet individual needs and therefore would fit in an Independence Plus system of individual choice.

<b>Medicaid Waiver Program Expenditures and Utilization Data</b>				
<b>Service Category</b>	<b>Number of Consumers Served FY 02</b>	<b>FY 02 Expenditures</b>	<b>Consumer Average Cost</b>	<b>Current Number on Waiting List</b>
Community Care Service Program	15,376	\$84,793,396	\$5,515	6,079
Independent Care Waiver (Includes ShepherdCare Demonstration Program)	595	\$19,045,519	\$32,009	268
Mental Retardation Waiver Program	7,529	\$135,438,914	\$17,989	3,281
Community Habilitation and Support Services	1,358	\$49,553,021	\$36,490	N/A
Source Demonstration Project	1,853	\$8,807,050	\$4,753	N/A
Model Waiver	170	\$6,349,724	\$37,351	N/A

Several important factors have influenced the recent design and delivery of Home and Community-Based Services in Georgia, including: (1) the Olmstead Supreme Court Decision; (2) the *HCBS Quality Framework*; (3) the need to improve access to and simplify eligibility for HCBS waivers; (4) acceptance and adoption of person-centered planning throughout the community-based delivery system; (5) transformation of the community mental health system; and (6) receipt of numerous federal grants to plan for and implement systems change.

*Olmstead v. L.C* originated in Georgia when two women, with mental retardation and mental illness, brought suit against the State. Both women lived in state-run institutions even though their treatment professionals determined that they could be served appropriately in a community setting. The U.S. Supreme Court interpreted Title II of the Americans with Disabilities Act as requiring states to provide services in the most integrated setting appropriate to the needs of qualified individuals with disabilities. The Georgia Department of Human Resources (DHR) is

one of the lead state agencies responsible for Olmstead planning and implementation together with the State Medicaid agency, the Department of Community Health (DCH).

Georgia Governor Sonny Perdue has demonstrated his commitment to Olmstead planning and implementation by targeting \$10 million in state funds in the current fiscal year despite economic austerity. His Office of Planning and Budget also has set the stage for a pilot on money following the consumer in the southwest region of the State. This pilot is to identify means for increasing flexibility in the movement of funds between institutional and community services for individuals with developmental disabilities.

A quality assurance plan was developed for the HCBS waiver program for persons with developmental disabilities in May 2001 based on federal requirements and subsequently updated annually. The Center for Medicare and Medicaid Services (CMS) *HCBS Quality Framework* is a key aspect of this plan. A Measurement and Analysis Plan (MAP) provides continuous quality improvement of the Georgia Aging Network. The MAP includes performance measures of outcomes of aging services. DCH uses a subcontractor and agency staff in a comprehensive QA management plan for the Independent Care Waiver Program. Key aspects of the QA plan are approval and review of care plans and ongoing compliance reviews of providers and required corrective action plans when needed. DHR and DCH have improved interagency collaboration through monthly and quarterly meetings on QA issues. DCH has formed the Program Integrity Unit to oversee the quality of HCBS waiver programs through ongoing review of these programs.

Georgia has responded to a need to improve access and simplify eligibility determination for HCBS waivers. The State developed an easy to read booklet containing detailed information about HCBS, noting the various services available through the Medicaid program. DCH

established the Georgia Health Partnership (GHP) to increase access to healthcare for members and improve services for people served by Medicaid. GHP is a state-of-the-art electronic health care administration that is designed to give providers easy, secure and efficient access to health care information. This new system began operating April 1, 2003 for Medicaid programs.

DHR created a consistent process statewide for individuals with DD and their families to access services, and a more consistent team approach for determining eligibility for services. Agencies that provide the functions of intake, assessment, service planning, and support coordination are separate from those with the function of service provision. This new system lays the groundwork for taking Georgia a step closer to self-determination, as individuals with DD and their families have a key role in decisions about their care.

Gateway is a Georgia Aging Network service that provides information on and access to home and community-based services for elderly Georgians, their families, and other caregivers. The Gateway system seeks to remove barriers to information about and access to services, which support older Georgians remaining in their homes and communities. The statewide screening and assessment process for aging services uses a uniform screening instrument.

The State of Georgia in its Olmstead planning and implementation, has adopted a person-centered assessment and planning process. This process is a cornerstone for all community-based services in the State including those provided through HCBS waiver programs. The State is conducting training on person-centered assessment and planning throughout the community-based service delivery system.

Georgia dramatically changed its system of mental health services in July 2001, through the implementation of a Recovery Model and the Medicaid Rehabilitation Option. This shift in direction of service delivery is creating new opportunities to support individuals with serious

mental illness in the community. An exciting development in Georgia is the creation of a certification process for peer specialists and establishment of a Medicaid billable mental health peer support service.

The State of Georgia has received numerous federal and other grants to plan for and implement systems change. These grants include: (1) a grant from the Center for Health Care Strategies in 2000-2001 that supported Georgia's Olmstead Planning Committee in developing recommendations to guide state efforts to address *Olmstead*; (2) a grant from the Center for Mental Health Services in 2001-2003 that supported Olmstead planning for adults with serious mental illness; and (3) three CMS systems change grants to overcome barriers to community living for individuals with disabilities and the aging population.

#### *Analysis of Strengths and Challenges*

Georgia is ready for self-determination. The State has many strengths that position its HCBS System for Independence Plus and a self-directed community service delivery system. Georgia has a strong self-advocate and advocate base with a shared vision of self-determination. People with disabilities and their families are a driving force in defining a system that empowers consumers to make their own choices and improve their quality of life.

The federal and state political climate is primed for the movement to self-determination. President Bush's New Freedom Initiative is paving the way for Georgia's transition to self-directed supports and services. Georgia's efforts to address *Olmstead* has the Governor's support as shown with \$10 million in state funding in the current fiscal year budget and other efforts such as the Money Following the Consumer pilot. Collaboration among key state agencies is strengthening relationships needed for self-determination. Georgia has accepted the challenge by addressing *Olmstead* and other complex issues.

The foundation is in place for self-determination. Georgia has several home and community-based waiver programs with services that fit in an Independence Plus system of individual choice. Georgia also has the Medicaid Rehabilitation Option with services potentially supportive of self-determination. As a leader in self-advocates' empowerment, Georgia set the stage for self-determination by being the first state to have a Medicaid billable peer support service for people with mental illness and among the first to develop a peer support certification program. The State has examples of successful implementation of self-direction, such as the CMS promising practice of Legacy Express for elderly people. With the support of its Real Choice Systems Change Grant, the State is laying the groundwork to expand peer support for all disabilities and the aging population. As the cornerstone for all community-based services in Georgia, person-centered assessment and planning is a key piece of self-determination already in place. The State is taking steps to improve access and simplify eligibility determination for people with disabilities and the aging population.

Taking advantage of technical assistance offered by the federal government and accessing federal guidelines and reports, Georgia is improving its quality assurance system for insuring the health and safety of individuals receiving HCBS waiver program services. DHR and DCH are strengthening their partnership to address federal QA concerns. Part of DHR's response to improve quality assurance includes developing new policies and information management support to track critical events or incidents.

Georgia's CMS systems change grants are addressing system barriers to community integrated living for elderly people and people with disabilities. These systems changes are providing new opportunities for individual choice. For example, the two nursing home transition grants are creating community living options for people currently residing in nursing homes,



informing them of their options, and assisting with their transition to alternative living arrangements consistent with their choices. The Real Choice System Change Grant is creating new infrastructures that support community integrated living.

Georgia clearly has a number of strengths that position its system of community-based service delivery for self-direction. At the same time, the State faces several challenges. One the biggest challenges for Georgia is the increasing demand for community-based services and an under funded system as reflected, for example, in its 50<sup>th</sup> ranking in community fiscal effort in the 2002 “State of the States in DD” Report.<sup>2</sup> Not only are individuals currently waiting for services but the extensive migration to and population growth in the State are adding additional needs daily. Another challenge is the inflexibility of current HCBS waiver programs in meeting individual needs. These current waiver programs have insufficient options available for self-directed services and supports. Self-advocates and family members continue to express frustration with the complexity of the service delivery system. Despite extensive efforts by the State to facilitate understanding of the system, people with disabilities and their families still have difficulty navigating the system.

Although there is a commitment for self-direction within the state leadership, a need still exists for policy and regulatory changes prior to implementation of Independence Plus in Georgia. The current regulatory system is designed to support traditional residential and personal care home services. This system requires significant re-design to move the State towards self-directed services and supports.

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<sup>2</sup> David Braddock, Richard Hemp, Mary Catherine Rizzolo, Susan Parish, and Amy Pomeranz, The State of the States’ in Developmental Disabilities: 2002 State Summary, University of Colorado.

Georgia's policies need to reflect the new direction. The whole service delivery system requires a radical redesign in order to meet the unique needs of individuals with disabilities and elderly people in the State. The solution to barriers in Georgia is not an overlay of self-determination on the current system. Georgia needs to build a new system on its foundation for self-determination. The foundation for self-determination is not the current service delivery system, but pieces of that system. Georgia needs a master plan for the design of a comprehensive system of self-directed services and supports.

### Problem Analysis

In order to address the issue of increasing demand, under funding, legal imperatives, inadequate policies and regulations, and insufficient self-directed options, Georgia needs a master plan for self-determination. There is much to draw upon to develop this plan, such as the drive of self-advocates, family members and advocates, the CMS Independence Plus templates and related documents, the findings of the National Cash and Counseling and Self-Determination Projects, President Bush's New Freedom Initiative, and numerous self-determination conferences and publications. However, plan development will only progress so far without individualized intensive technical assistance to Georgia. Self-determination will come to Georgia, but the question is whether it be a comprehensive self-directed system or merely isolated niche services.

This grant application seeks to address the complex barriers to a comprehensive self-directed system for service delivery through specific goals and objectives with the overall result of a master plan for self-determination in Georgia. The end product is for system design rather than pilots of self-determination. Georgia may need to phase in its self-determination system prior to full implementation, but the aim is towards a comprehensive system. A partial self-

determination solution will not meet the individual needs of people with disabilities and elderly people in Georgia.

Since Georgia does not have a HCBS waiver program for people with mental illness, initial design work for this disability will need to be separate from that for other disabilities. Unlike other disabilities, adults with serious mental illness often lack the family support critical in national demonstration projects on self-determination. Georgia plans to develop a self-direction pilot that builds upon the Medicaid billable peer support service and certification program for peer specialists.

### **Project Description and Methodology**

The following are the purpose, goals and objectives for the Independence Plus Initiative.

#### *Purpose*

Develop a master plan for self-directed home and community-based services and supports for elderly people and people with disabilities.

#### *Goals/Objectives*

Goal #1: Develop a uniform methodology by which all individual budgets in the State will be calculated.

- 1.1 Identify the actual service use and cost data from the newly implemented Georgia Health Partnership (Medicaid Management Information System) to build a uniform methodology.
- 1.2 Analyze actual service use and cost data to develop uniform methodology that ensures cost neutrality.
- 1.3 Determine how disability, age, geography, and personal and community resources impact calculations of individual budgets.

- 1.4 Identify required components of individual budgets.
- 1.5 Establish methodology for calculation of individual budgets.
- 1.6 Establish a tiered payment rate distribution based on budget analysis.
- 1.7 Develop projections of annual individual budget amounts.
- 1.8 Identify process for ensuring person-centered plans guide individual budget developments.
- 1.9 Develop infrastructure for individual budget development, review and updates that assures accountability for HCBS waiver program funds, including process for conducting individual budget audits and procedures for public inspection.
- 1.10 Develop re-determination process.
- 1.11 Develop process for an easy to understand explanation of individual budget methodology for individuals and families.
- 1.12 Develop back-up procedures when monitoring process fails to preclude expenditure of individual budgets prior to re-determination date.
- 1.13 Develop procedures for decision-making on unexpended resources at the time of budget re-determination.
- 1.14 Develop policies for participant's management of their individual budget.

Goal #2: Adapt the HCBS waiver program QA/QI (Quality Assurance/Quality Improvement) system to assure necessary safeguards for health and welfare of participants in the self-directed service delivery system.

- 2.1 Identify modifications needed to HCBS QA/QI system.

- 2.2 Determine process to involve individuals and families in assessment and improvement of quality for self-directed services and support.
- 2.3 Develop process for addressing problems identified by monitoring, consistent with the severity and nature of the problem.
- 2.4 Design effective incident management system.
- 2.5 Design individual and statewide emergency back-up system.
- 2.6 Consolidate design pieces into a QA/QI system for self-directed services and supports.

Goal #3: Design key operational functions of the self-directed service delivery system.

- 3.1 Design procedures to access the self-directed service delivery system.
- 3.2 Review state regulations for community living arrangements and revise as needed to implement a comprehensive self-directed system.
- 3.3 Review state policies for home and community-based services and revise or develop new policies as needed to implement a comprehensive self-directed system.
- 3.4 Develop prerequisite requirements including training for support brokers.
- 3.5 Develop procedures for selection of support brokers.
- 3.6 Design flexible financial management services that provide needed assistance to participants.

Goal #4: Develop self-determination master plan that incorporates components of the self-directed service delivery system.

- 4.1 Identify most appropriate Independence Plus template for Georgia.
- 4.2 Determine modifications needed to current HCBS waiver programs.

4.3 Identify process for phase-in of self-determination system targeting populations, services, and geographic areas as appropriate.

4.4 Develop conceptual design paper to outline proposed modifications to current HCBS waiver programs.

4.5 Develop and submit Independence Plus Waiver application(s).

Goal #5: Design a self-determination pilot for adults with serious mental illness building on peer supports.

5.1 Identify elements of community mental health service delivery system that support self-determination.

5.2 Determine process of using peer supporters to assist the self-determination of adults with serious mental illness.

5.3 Design a model to include self-determination in the Medicaid Rehabilitation Option.

5.4 Devise a pilot for self-determination based on identified design elements that includes identification of potential funding sources.

#### *Methods of Effectively Addressing the Problem*

Grant funds will be used to contract with nationally recognized technical advisors to assist the State in addressing barriers to self-determination. A portion of the grant will support personnel, travel, and supplies. Self-advocates, family members, advocates, providers, and state agency representatives will work together with contracted technical advisors to design a comprehensive self-directed service delivery system. The master plan for self-determination developed through this collaborative process will enable Georgia to address the problems of increasing demand through improved accessibility and enhanced flexibility that is tailored to

individual and family need. Preliminary financial data from national studies of self-determination are encouraging. Georgia regards the movement towards self-determination as a promising approach to address the problem of under funding of its system.

Georgia plans to modify and develop state policies as needed to support the movement towards self-determination. The State proposes to review its current regulatory system and determine actions needed to transform this system to be consistent with self-determination. These critical steps must be taken before Georgia can fully implement Independence Plus.

Independence Plus offers Georgia a means to address the current inflexibility in its HCBS waiver programs through modifications that increase self-directed services and supports. Embedded within the Independence Plus templates are assurances that the system for self-determination is clear and understandable to individuals and families. One way to assure clarity is the involvement of self-advocates and family members in every phase of the process.

As previously noted, Georgia does not have a HCBS waiver program for people with mental illness. The State regards its nationally recognized peer support service and peer specialist certification process as promising avenues for the movement to self-direction for adults with serious mental illness. Georgia plans to contract with technical advisor(s) to assist with the design of a self-direction pilot project, including the identification of potential funding sources

#### Coordination and Linkages

The proposed master plan will ensure coordination and linkages with other components of the long-term care system. The collaborative process outlined in this grant application will bring people representing all components of the system to the table. The participation of self-advocates and advocacy groups will keep the process focused. Their drive and actions related to making self-determination a reality in Georgia will keep the process moving.

State leadership is committed to self-determination and actions to address *Olmstead*. The proposed grant application complements Olmstead planning and implementation in Georgia. Statewide implementation of person-centered planning, a key component of Georgia's Olmstead planning, will become the cornerstone of the proposed master plan for self-determination. The CMS system change grants and other grants to Georgia are laying the groundwork for the outcomes of the grant application. The proposed self-determination pilot for mental health is a logical next step in the progression of peer supports in Georgia.

The assurance of quality care in HCBS waiver programs is of utmost concern as reflected in the June 2003 U.S. General Accounting Office report. Georgia recognizes that the QA/QI system will be an integral part of the master plan.

DHR and DCH (the State Medicaid agency) are committed to a coordinated process of achieving the goals of the grant application. The newly implemented Georgia Health Partnership (Medicaid Management Information System) is fundamental to the development of the proposed master plan. GHP is designed to bring significant improvement to the long-term care system in Georgia, but full realization of this potential is pending on its fine-tuning. Coordination is vital to completion of the proposed master plan.

### Work Plan

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**Type Of Grant:** Independence Plus

**State:** Georgia

**Organization:** Department of Human Resources

<b>Goal(s):</b> #1 Develop a uniform methodology by which all individual budgets in the state will be calculated.															
<b>Measurable Outcome(s):</b> 1) Tiered payment rate distribution; 2) Projected annual individual budgets; 3) Methodology to calculate individual budgets; 4) Procedures to develop individual budgets with person-centered plan as starting point; 5) Procedures to review individual budgets and to update due to changing needs; 6) Procedures for re-determination process; 7) Procedures for routine monitoring of individual budgets; 8) Audit procedures; 9) Public inspection procedures; 10) Guide for individual budget methodology; 11) Back-up procedures for failure to detect over expenditures of individual budgets prior to re-determination date; 12) Procedures for decision-making on unexpended resources at the time of budget re-determination; 13) Policies on participant's management of their individual budget.															
Major Activities	Specific Tasks	Lead Persons	Time Line (Start and End Date by Quarter)												Products
			1	2	3	4	5	6	7	8	9	10	11	12	
1) Create database of actual service use and cost data for individual budget methodology.	1) Identify the actual service use and cost. 2) Retrieve identified data. 3) Analyze data.	Independence Plus Project Coordinator	X	X											Database of actual service use and cost data.
2) Establish formula to calculate individual budgets.	1) Identify components of disability, age, geography, personal resources, services needs, and historical costs for analysis. 2) Retrieve necessary data and create data base. 3) Determine indicators for use in formula. 4) Analyze to determine what factors will be used in methodology. 5) Determine weighting of components in formula. 6) Establish tiered payment rate.	Independence Plus Project Coordinator		X	X	X									Formula for calculation of individual budgets.

Goal(s): #1 Develop a uniform methodology by which all individual budgets in the state will be calculated. (Continued)															
Measurable Outcome(s): See page 17															
Major Activities	Specific Tasks	Lead Persons	Time Line (Start and End Date by Quarter)												Products
			1	2	3	4	5	6	7	8	9	10	11	12	
3) Project annual individual budget amounts.	1) Determine base population for self-determination program. 2) Assign base population to payment rate tiers.	Independence Plus Project Coordinator					X								Projections of annual individual budget amounts.
4) Develop operational policies and procedures for individual budgets.	1) Write procedures for ensuring person-centered plans guide individual budget development. 2) Devise procedures for individual budget development. 3) Design procedures for individual budget review and updates due to changing needs of individuals and families. 4) Prepare procedures for routine monitoring of individual budgets. 5) Create procedures for conducting audits. 6) Form procedures for public inspection. 7) Develop guide for individuals and families on individual budget methodology. 8) Write procedures for decision-making on unexpended resources at the time of budget re-determination. 9) Develop policies on participant's management of the individual budget.	Darlene Meador	X	X	X	X	X	X	X	X					1) Operational policies and procedures for individual budgets.  2) Guide for individuals and families on individual budget methodology.

**Type Of Grant:** Independence Plus

**State:** Georgia

**Organization:** Department of Human Resources

**Goal(s):** #2 Adapt the HCBS Waiver Program QA/QI ( Quality Assurance /Quality Improvement) System to assure necessary safeguards for health and welfare of participants in the self-directed service.

**Measurable Outcomes:** 1) Effective incident management system for self-directed service delivery system; 2) Individual and statewide emergency back-up system; and 3) Modified QA/QI system.

Major Activities	Specific Tasks	Lead Persons	Time Line (Start and End Date by Quarter)												Products
			1	2	3	4	5	6	7	8	9	10	11	12	
1) Revise current incident management system for self-directed service delivery system.	1) Review current incident management systems. 2) Determine modifications to fit self-directed service delivery system. 3) Revise policies and procedures.	Darlene Meador			X	X									Revised incident management system.
2) Develop individual and statewide emergency back-up system.	1) Identify components of individual and statewide emergency back-up system responsive to individual need. 2) Determine process for accessing system. 3) Devise procedures for inclusion in person-centered plans.	Darlene Meador					X	X	X						Individual and statewide emergency back-up system.
3) Modify QA/QI system to address self determination.	1) Review current HCBS QA/QI systems. 2) Identify modifications needed to HCBS QA/QI systems. 3) Devise procedures for involvement of individuals and families in assessment and improvement of quality of self-directed services and support. 4) Create procedures for addressing problems identified by monitoring consistent with the severity and nature of the problem.	Darlene Meador							X	X	X				Amendments to QA/QI system.

**Type Of Grant:** Independence Plus

**State:** Georgia

**Organization:** Department of Human Resources

Goal(s): #3 Design key operational functions of the self-directed service delivery system.															
Measurable Outcome(s): 1) Procedures for accessing the self-directed service delivery system; 2) Revised state regulations for community living arrangements; 3) New and revised policies for home and community-based services; 4) Required prerequisites for support brokers; 5) Procedures for selection of support brokers; and 6) Defined financial management services.															
Major Activities	Specific Tasks	Lead Persons	Time Line (Start and End Date by Quarter)												Products
			1	2	3	4	5	6	7	8	9	10	11	12	
1) Revise state regulations for community living.	1) Review current regulations. 2) Identify needed modifications. 3) Revise regulations as needed.	Darlene Meador				X	X	X	X	X	X				Revised state regulations.
2) Develop and revise policies for home and community based services.	1) Review current policies. 2) Identify needed modifications. 3) Revise policies and write new policies as needed.					X	X	X	X	X	X				New and revised state policies.
3) Design process for accessing the self-directed service delivery system.	1) Review current access system. 2) Modify access system as needed for self-determination. 3) Develop new procedures as necessary.	Darlene Meador		X	X	X									Procedures for accessing self-directed service delivery system.
4) Develop selection and training process for support brokers.	1) Determine prerequisite requirements including training for support brokers. 2) Define procedures for selection. 3) Develop training requirements.	Darlene Meador					X	X	X						Selection and training process for support brokers.
5) Design financial management services.	1) Identify participant's financial management assistance needs. 2) Determine the range of assistance needed.  3) Develop flexible financial management services.	Independence Plus Coordinator						X	X	X					Designed financial management services.

**Type Of Grant:** Independence Plus

**State:** Georgia

**Organization:** Department of Human Resources

<b>Goal(s):</b> #4 Develop self-determination master plan that incorporates components of the self-directed service delivery system.																
<b>Measurable Outcomes:</b> 1) conceptual design paper on proposed modifications to current HCBS waiver programs; and 2) Independence Plus applications(s) for submission.																
Major Activities	Specific Tasks	Lead Persons	Time Line (Start and End Date by Quarter)												Products	
			1	2	3	4	5	6	7	8	9	10	11	12		
1) Develop conceptual design paper.	1) Determine modifications needed to current HCBS waiver programs. 2) Consolidate individual design process into one conceptual paper.	Darlene Meador										X	X	X		Conceptual Design Paper
2) Prepare Independence Plus waiver application(s).	1) Identify most appropriate Independence Plus template for Georgia. 2) Identify process for phase-in of self-determination system including targeting populations, services, and geographic areas as appropriate. 3) Incorporate master plan for self-direction into appropriate Independence Plus waiver application(s).	Darlene Meador												X	X	Independence Plus Waiver application(s)

**Type Of Grant:** Independence Plus

**State:** Georgia

**Organization:** Department of Human Resources

Goal(s): #5 Design a self-determination pilot for adults with serious mental illness building on peer-supports.																
Measurable Outcomes: Design for mental health self-determination pilot.																
Major Activities	Specific Tasks	Lead Persons	Time Line (Start and End Date by Quarter)												Products	
			1	2	3	4	5	6	7	8	9	10	11	12		
1) Design a pilot for mental health self-determination.	1) Identify elements of community mental health service delivery system that support self-determination. 2) Determine how peer supports can facilitate the self-determination of adults with serious mental illness. 3) Design a model for inclusion of self-determination in the Medicaid Rehabilitation Option. 4) Identify design elements for pilot. 5) Design pilot. 6) Identify potential funding sources.	Larry Fricks	X	X	X	X										Pilot Design

### Organization, Management, and Qualifications

Georgia has a Real Choice Systems Change Grant that was awarded September 29, 2002. A Consumer and State Task Force oversees this project and consists of broad stakeholder representation, including self-advocates, family members, advocates (such as those representing the Governor's Council on Developmental Disabilities, Council on Aging, Independent Living Centers, Georgia Consumer Network and other statewide self-advocate disability and aging organizations), providers, and other community-based organizations. State agencies with responsibilities for existing home and community-based programs are also represented on the Task Force. Representatives of the State's other systems change grants serve on the Task Force. The Task Force meets quarterly. If Georgia's Independence Plus application is successful, the current Consumer and State Task Force will oversee the Independence Plus projects. Representation will be broadened to ensure needed input on the Independence Plus projects.

In addition to the Consumer and State Task Force, several project-specific and time-limited stakeholder work groups will be convened. These stakeholder work groups will include adults with disabilities, family members, and elderly people and will assist in the development of work products described in the grant application. Focus groups will also be held across the State to ensure individual and family input on major system design issues.

The applicant for this grant is the Georgia Department of Human Resources. The Georgia Independence Plus Initiative is considered to be a collaborative effort between the Department of Human Resources and other stakeholders. This collaboration includes state agencies responsible for home and community based services, including the Department of Community Health, Georgia's Medicaid Agency.

Darlene M. Meador, Ph.D., of the Office of Developmental Disabilities in the Georgia DHR Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) will be the Independence Plus Project Director. Dr. Meador has worked for DHR for almost 15 years in various leadership capacities related to MHDDAD planning, and program and policy development for community integrated services. She was responsible for incorporating the input of self-advocates, family members, and other stakeholders in the conceptual designs of the projects of the Georgia's Real Choice Systems Change Grant awarded September 29, 2002. She recruited and hired grant staff in less than one month from the official grant award and provided direction and support of grant staff through direct supervision that ensured project implementation consistent with conceptual designs. Dr. Meador is responsible for incorporating the input of stakeholders in the conceptual design of the current grant application. She is a licensed psychologist and has direct professional experience with individuals of various ages and disabilities (See resume in Appendix B).

Larry Fricks, Director of the Office of Consumer Relations for the Georgia DHR Division of MHDDAD, will direct the design of a Mental Health Pilot for self-determination. He is the founder of the Georgia Mental Health Consumer Network, Inc., the Georgia's Peer Specialist Training and Certification, and the Georgia Peer Support Institute (See resume in Appendix B).

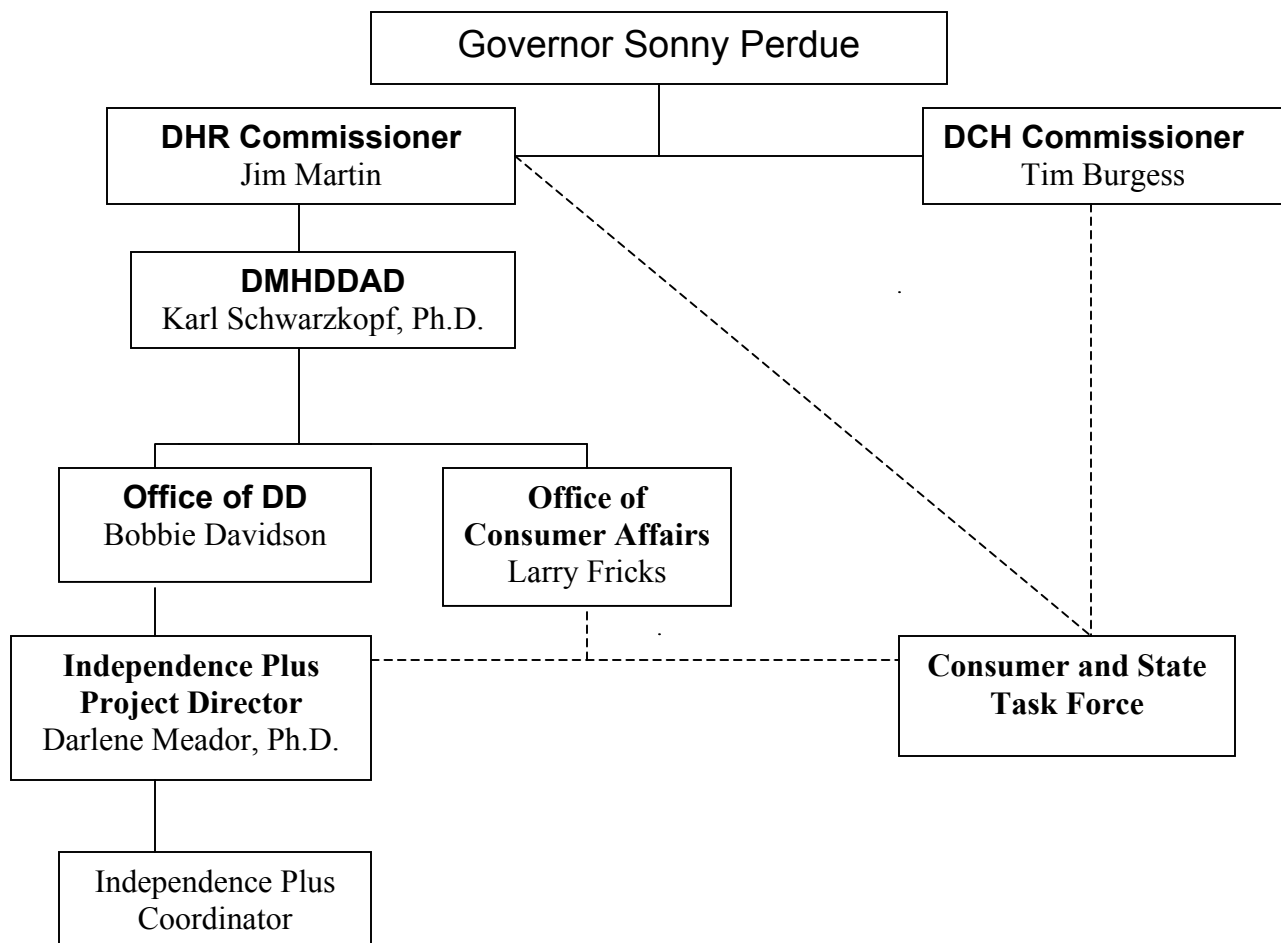
The Independence Plus Project Coordinator will be responsible for data regarding project operations, performance and financial status, conducting research, interpreting data and developing reports pertinent to all aspects of the project. The project coordinator will be the lead staff person on four (4) major grant activities. The job description is in Appendix C.

The Department of Human Resources will begin preliminary work on establishing the Project Coordinator position. Finalization of the work will occur if DHR receives the grant award.



Qualifications for this staff position will be determined based on the job description contained in Appendix C. Recruitment locations will be identified and the position job announcement will be developed following confirmation of the grant award. DHR will post the job announcement, interview applicants and fill the project position, a process (from job announcement to hiring) which averages five (5) to eight (8) weeks.

### PROPOSED MANAGEMENT STRUCTURE



### Formative Learning

The Project Director will be responsible for working with the Consumer and State Task Force, other project staff, stakeholder group members, subcontractors and identified partners in collecting project related evaluation information. Evaluation status reports will be presented and reviewed at every Task Force meeting beginning in January 2004. Every report will include an update from each work group and subcontractor. The Task Force will identify and recommend immediate midcourse modifications to the project's work plan based on the evaluation status reports.

DHR is committed to an ongoing evaluation process throughout the proposed three-year funding period. The evaluation process will: (1) increase the effectiveness of the project's management and administration; (2) document that objectives have been met; and (3) determine the overall effectiveness of the project.

### **Significance and Sustainability**

#### Enduring Change

The Independence Plus Initiative described in this grant application has specific outcomes with the end result of a master plan for self-determination in Georgia. The goal is to develop a comprehensive system of self-directed supports and services for individuals with disabilities and elderly people. The products of the proposed grant, including the master plan for self-determination, are designed to address the barriers to statewide implementation of self-determination.

The problems of increasing demand in the State will be addressed through planned outcomes to improve accessibility to and enhance flexibility in available community integrated services. National studies of self-determination indicate the potential for self-determination as a solution

for the under funding of the Georgia system. Products of the proposed grant will provide the development of infrastructure required for the submission of Independence Plus Waiver application(s).

Georgians with disabilities want self-determination and are the driving force behind this system change. Self-advocates and family members want a system that empowers them to exercise meaningful choices and control over their lives. Their involvement at every phase of the design assures development of a system consistent with their stated priorities and preferences. The proposed grant's inclusive process will assure that the components of the system are designed to be clear and understandable to individuals and families.

The Georgia mental health community service delivery system presents unique challenges for implementation of self-determination. There is no HCBS waiver program for people with mental illness. In addition, their support needs differ in significant ways from those with other disabilities. Georgia proposes to develop a mental health self-determination pilot design. This design will include identification of potential funding sources for implementation of the pilot.

#### *Assistance with Key Goals and Objectives*

The proposed grant has five goals. The first goal is to develop a uniform methodology by which all individual budgets in the State will be calculated. This goal includes activities to support the development of a formula for individual budgets and infrastructure for individual budget development, review, and updates. Goal 1 will assist the State in improving the quality of lives of people with disabilities and elderly people, including maximizing functional independence, health and well being. In addition, this goal will increase the availability of self-directed options, promote choice, and improve individual and service value.

The second goal is to adapt the HCBS waiver program QA/QI system to assure safeguards for health and welfare of participants in the self-determination service delivery system, including the development of an individual and emergency back-up system and revised incident management system. This goal will assist the State in assuring services achieve the desired measurable outcomes. Furthermore, this goal will modify the QA/QI system for self-determination and therefore provide ongoing monitoring and quality improvement of the service delivery system.

The third goal is to design key operational functions of the self-directed service delivery system. This goal will assist the State in improving access to services and supports by developing procedures to access the self-directed service delivery system. Also, this goal will enhance the availability of self-directed service options through the revision of regulations as needed. Development and revision of policies for home and community based services will help the State improve access, availability, quality and value of services through implementation of self-determination. The grant activities to develop the selection process for support brokers and financial management services will aid the State in assuring the investment in services yield the highest value possible.

The fourth goal is to develop a self-determination master plan that incorporates the components of the self-directed service delivery system. This goal will assist Georgia in the movement to self-determination. Implementation of a self-determination service delivery system will facilitate the State's improvement of access, availability, quality, and value of home and community-based services.

The final goal is to design a self-determination pilot for adults with serious mental illness building on peer supports. This goal will assist Georgia in improving its community mental

health system by supporting adults with serious mental illness to make key life decisions and manage their services to bring about desired outcomes. The pilot will be designed to further access to community resources and activities.

### Sustainability

Sustainability is assured through a work plan geared towards cultural change that supports implementation of a substantially redesigned service delivery system. This paradigm shift will transform supports and services for people with disabilities and elderly people. The proposed grant outlines key activities resulting in policy decisions, regulatory changes, and infrastructure development that complete the necessary preparation for the development and submission of the Independence Plus waiver application(s). The proposed design of the mental health pilot includes the identification of potential funding sources for implementation of the pilot. The pilot design is the first step in using the foundation of peer support to develop self-determination for adults with serious mental illness.

### **Partnerships**

The design of this proposal draws upon the work of multiple committees and task forces on long-term care services in Georgia and input from a stakeholder meeting, including self-advocates and family members, on the needs to be addressed by the grant application. Previous work in the State on long-term care services involved input from numerous stakeholders, including self-advocates, family members, advocates, providers, and community and state leaders and agencies.

As previously mentioned in this document, the Consumer and State Task Force for Georgia's current Real System Choice Change Grant will also oversee the proposed Independence Plus Initiative. This task force consists of broad stakeholder representation, including self-advocates,

family members, advocates (such as those representing the Governor's Council on Developmental Disabilities, Council on Aging, Independent Living Centers, Georgia Consumer Network and other statewide consumer disability and aging organizations), providers, faith-based organizations, and other community-based organizations. All of the agencies with responsibility for any aspect of the existing home and community-based programs are also represented on the Task Force. Representatives of the State's other systems change grants serve on the Task Force. The Task Force meets quarterly. As for the current Real Choice System Change Grant, the Consumer and State Task Force, with the active participation of people with various disabilities and elderly people, will provide guidance to the Independence Plus project stakeholder workgroups by means of their experience and expertise. The Task Force will also ensure coordination of implementation activities across projects and across system change grants and review and recommend approval of the products of the Independence Plus project stakeholder workgroups.

If the proposed application is successful, Consumer and State Task Force representatives will be broadened to ensure needed input on the Independence Plus projects. Also, several project specific and time-limited stakeholder work groups will be convened. These stakeholder work groups will include adults with disabilities, family members, and elderly people and will assist in the development of work products described in the grant application. Focus groups will also be held across the State to ensure individual and family input on major system design issues.